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EDITORS.

Original.

QUARANTINE.

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The question of pestilential diseases is one of paramount importance, and its consideration in view of our relations to the South is now exceedingly apropos. It is not my desire to occupy the time of the society with unprofitable disputation. I wish to offer a few thoughts upon subjects out of which is being developed a policy ruinous to our Southern neighbors, both as to life and commerce.

Quarantine should never be established unless it be to protect us from diseases unquestionably contagious, and even then it is of doubtful propriety; otherwise it is a disgrace to the people adopting it. However, when quarantine is proper, then it may be held responsible for all legitimate deductions therefrom. If it is established, it ought to be of the strictest sort, else it is of no avail. Let us illustrate some of its effects: St. Louis, Cincinnati, and Louisville establish a strict quarantine as against New Orleans. Now, admitting this to be proper under the first law of nature, it holds good with additional force that Cairo, Memphis, and Vicksburg shall do the same thing. If these, then the smaller cities and towns more adjacent shall protect themselves, till the parishes immediately around may prohibit any intercourse with the infected city. The consequence is

legitimate that the citizens of New Orleans must be kept within its corporate limits, and it may be that the denizens of its purlieu of filth shall be compelled to remain in their haunts anticipating even the tortures of the condemned.

The consequences of legitimate quarantine when thus strictly enforced become repulsive to our better natures, tending to degrade our philanthropy by causing us to ignore those obligations that are imposed by the brotherhood of man. However, I shall not argue against quarantine from these considerations alone, but likewise from my convictions that none of these so-called pestilential diseases are in the slightest degree contagious. In the list of these are included cholera, plague, and yellow fever. Only in the last century England embraced in the list against which quarantine was to be established, in addition to these, typhus, jail, hospital, and ship fevers, dysentery, and even scurvy. This day places restrictions upon the first three alone.

It may be interesting to inquire into the history of quarantine. You will at once admit that it must result of necessity from convictions of the contagious nature of the affection. The curious student of medical literature will be interested to know that silence prevails as regards the contagious nature of these pestilential diseases till the year 1547, when it was advanced by Fracastorius in order to accomplish a religiouso-political object, namely, the removal of the Ecumenical Council of Trent to Bologna. This becomes from this date the doctrine of the Christian nations, as none dare oppose himself to the authority of it. From this teaching has sprung the practice of quaran-

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tine. We might argue against quarantine because it practically fails to accomplish its object; but if it can be shown that these diseases are not contagious, the necessity for it is removed. We desire to present some general principles alike applicable to all of these diseases:

They are all of climatic origin, the specific cause in each case operating through or by means of the atmosphere.

No disease limited by latitude, longitude, or altitude is contagious. No disease, in one instance propagated by contagion, is ever produced in any other way. The opposite of this is likewise true. No disease produced at one time by any other means than by contagion is ever produced by contact.

These diseases are limited to certain districts, never exceeding them, so of necessity there must exist within those districts, and in them alone, the causes of them. They prevail only in certain seasons of the year; so only in certain seasons of the year are the causes of them produced. They are often confined by certain definite lines, and even in cities they may be confined to certain parts of them, and to certain squares, streets, or even houses. They obey all the laws of endemic diseases, and not those of contagious affections. One of the greatest difficulties in the way of investigation in regard to their causation is the fact that the minds of men are already occupied by contagion, and hence this must be maintained, no matter what else fails. I will give you one illustration of this: A committee of physicians of Moscow in 1771 invented a fumigatory powder as a preventive against the plague. Clothing from pestiferous patients, saturated with sweat, pus, and icherous matter from pestiferous dead bodies were prepared with this powder and worn by twenty convicts for the space of one month without in a single instance causing the disease. The committee, of course, were delighted with their preventive, and a thousand such instances would never have caused even a shadow of a doubt to enter their heads as to infection in the clothing.

If you please, we will now be somewhat more specific, and consider some matters with regard to yellow fever.

So many facts in connection with the history of this disease precludes the possibility of contagion that I am at a loss to know how intelligent men can consider them and remain contagionists. It prevails only in certain latitudes, and by preference in isolated districts where sanitary measures are ignored or neglected. The cause seems to be more operative in the night than in the day time. The cause may be retained in the system for an indefinite time in a latent form, the disease being developed long after the person has been removed from the district in which it was contracted or received. Thousands of cases go to other parts of our country and do not prove nucleus for new development. The endemics as such are invariably cut short by a severe frost; the cases that occur in the district afterward are those who had received the cause before the frost, for new-comers are not affected.

You will readily appreciate from these statements why I am so bitterly opposed to measures of quarantine for the prevention of the spread of disease. Unless you exclude the well as well as the sick there can be no certainty of prevention, for some one may come into your midst in apparent good health, or even submit to quarantine or forty days detention, and then have developed in them the disease. No one could by any possibility detect such a case before its development. We find the world exercised to ascertain if by possibility an infected vessel has arrived upon our shores, not hesitating to believe that the epidemic has been developed from it, and yet not being attracted by the fact that upon a change of temperature the disease suddenly ceases, although fifty thousand cases may exist at the time. All London is agog to account for the introduction of cholera, and finally concludes that the drinking-water is possibly contaminated by the discharges from the bowels of two men sick with the disease, and yet no notice is taken of the

fact that in a few weeks the epidemic very suddenly disappears while twenty thousand cases are adding their quantum to further contamination. We find the pestilence that devastated London in 1665, the year preceding the great fire, disappeared in the same way. At that time it was the custom to designate the houses in which the plague existed as we do now for variola, only that there was placed on the door a large red cross with the inscription beneath it "Lord have mercy upon us." I suppose they thought this more absolutely essential, inasmuch as they had none one for the other.

I am cognizant that I have presented this subject very imperfectly, but I feel that the question of contagion is the taproot upon which quarantine depends, and believing very fully that contagionists fail utterly to establish their doctrine, I oppose vehemently all such measures of prevention as quarantine.

If it was proper to discuss at any length in this paper the etiology and prophylaxis of these pestilential diseases, I should unhesitatingly say that they obey all the laws of so-called malarial affections. I do not insist that the essential cause is identical with that that produces an ordinary intermittent, but I do mean to say that in my opinion they are all dependent upon vegetable decomposition, moisture, and solar heat, and it is the variation in these three that causes the differences in the manifestations of the malarial affections. Accordingly, as we may vary these factors so will we have an ordinary intermittent, remittent, pernicious fever, cholera, yellow fever, or plague.

Having made this statement of my convictions, you will readily perceive that I think it about as sensible to establish quarantine against intermittent as yellow fever. I believe they are very largely subject to state medicine, and the best thing that we can do for our neighbors is to advise them to cease reliance on such questionable measures as quarantine and substitution of one stink for another one, and to rely on sani-

tary and hygienic measures alone. Cleanliness is healthy as well as being akin to godliness. New Orleans needs again such an administration of its sanitary police affairs as was afforded by General Butler. Whenever either of the factors for production enumerated above is absent, then we can not by any possibility have yellow fever. It is for this reason that cities located upon or near the northern border limits of the yellow-fever zone are scourged only occasionally, and those situated differently have annual visitations. Now we have not the power to control the factor of solar heat, but we can largely interfere with the concurrence of the events necessary to the production of the poison by cleanliness. With these views all possible circumstances in pestilential history are explained, but under the view of contagion confusion is worse confounded. "If facts do not support their theory, then so much the worse for the facts." If possible remove the sick, but at any rate the well, to a climate in which the disease is not generated. It may possibly be within a few miles or even rods of the seat of pestilence.

All hail to the magnanimous heroism of Holly Springs, the only city in my knowledge that has had enough of the milk of human kindness to do as she would be done by.

LOUISVILLE.

Miscellany.

PROF. D. W. YANDELL, whose letters from abroad are familiar to our readers, is thus spoken of by Mr. Earnest Hart, editor of the British Medical Journal, Great Britain's greatest medical periodical:

Dr. David W. Yandell, of Louisville, the editor of the American Practitioner, has been spending some time in London this season, and has been received very warmly on the score of his own personal qualities, not less than of his position, reputation, and hereditary claims to professional esteem. Among other excellent qualities he has that of dry and discerning humor, and his "letters home" to the Practitioner and the Louisville Medical News are likely to be very interesting, especially if he speak his mind

without too much reserve. Among other things he has arrived at the conclusion that Londoners are a little over-lectured just now on the subject of alcohol. Returning home from Dr. Richardson's lectures, and finding a card for the similar lecture of Dr. Alfred Carpenter, he writes home: "The politeness of the senders of the card will cause me to accept the invitation, and, when I have heard the annual orator, return at once to my room and imitate Rip Van Winkle by 'swearing off.' I am determined upon that. I think I know when I have had enough of a good thing. The pledge is already written. You will observe, however, that, like most of the copartnerships in this country, it is 'limited.' It reads: 'I hereby bind myself, on my honor, to take during the remainder of my stay in London no more alcohol whatever (in the form of lectures).' This I shall sign next Tuesday morning."

ABSTRACT OF SANITARY REPORTS RECEIVED
DURING THE PAST WEEK UNDER THE NA-
TIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }
WASHINGTON, September 7, 1878. }

New Orleans. During the week ended yesterday noon there were seventeen hundred and thirty-two cases of *yellow fever* and five hundred and twenty-six deaths, making in all forty-six hundred and nine cases and thirteen hundred and ninety-five deaths. During the twenty-four hours to noon yesterday there were two hundred and eighty new cases and sixty-one deaths.

Port Eads, La. During the past week there was one death from *yellow fever*, but no new cases.

Morgan City, La. During the week to yesterday noon there were fourteen cases of *yellow fever* and two deaths, making in all twenty-two cases and six deaths.

Vicksburg. During the week ended yesterday evening there were one hundred and eighty-one deaths, forty-one of which occurred in the last twenty-four hours, making in all three hundred and sixty-six deaths. About twenty-five hundred cases have occurred since the outbreak. Surgeon Keyes telegraphs that "the fever is on the increase, and it is impossible to obtain accurate data."

Grenada, Miss. Dr. Warren Stone reports ninety-six new cases of *yellow fever* and

forty-nine deaths during the week ended yesterday evening.

Canton, Miss. During the fortnight ended yesterday noon there were one hundred and seventy-two cases of *yellow fever* and twenty-two deaths, making in all one hundred and ninety cases and thirty deaths. There are one hundred and twenty cases under treatment, of which sixteen occurred during the last twenty-four hours.

Ocean Springs, Miss. During the week ended yesterday evening there were fifteen cases of *yellow fever* and five deaths.

Holly Springs, Miss. The first case of probable *yellow fever* occurred on the 27th of August, resulting in death September 1st. Two deaths from undoubted *yellow fever* followed on the 2d. To yesterday evening about one hundred cases and twenty-five deaths had occurred. More than one half of the population fled the city between the 2d and 5th inst. All the members of the board of health are sick.

Memphis. For the week ended Thursday evening, September 5th, there were five hundred and twenty-nine deaths from *yellow fever*. Dr. Thornton reports that the number of cases can not be obtained. During the week before the number of deaths (two hundred and forty-one) and the number of cases (seven hundred and twenty-one) were as one to three.

Hickman, Ky. The first case of *yellow fever* occurred August 16th. There were sixty cases and twenty-four deaths to yesterday evening.

Louisville. For the week ended yesterday evening there were twenty-five new cases of *yellow fever* and seven deaths, all refugees and river-boatmen.

St. Louis. During the week ended yesterday evening there were three deaths from *yellow fever*; two refugees, and a resident nurse who attended the refugees in hospital. At quarantine, below St. Louis, there were ten new cases admitted and nine deaths; all refugees but one, the steward of the quarantine hospital, who is now sick, he having contracted the disease at quarantine. All

boats and trains from infected districts are prohibited from entering the city, which remains healthy.

Pascagoula, Miss. Three cases of *yellow fever* in shipping from New Orleans between the 1st and 5th inst.

Cincinnati. From August 28th to afternoon of September 4th three new cases of *yellow fever* and two deaths occurred among refugees.

Bay St. Louis, Miss. One refugee arrived from New Orleans, August 26th, with *yellow fever*, and was sent back to New Orleans the next day. No other cases.

Mobile. City healthy. No *yellow fever* since the one death on August 31st.

Key West. Two cases of *yellow fever* and one death during the week ended yesterday noon.

Havana. Seventy-four deaths from *yellow fever* and seven from *small-pox* during the week ended August 31st.

Matanzas, Cuba. During the fortnight ended August 30th there were no cases of *yellow fever* in the bay, and only a few cases on shore.

Sagua la Grande, Cuba. Since the 16th of August there were two deaths from *yellow fever*; but at the date of advices, August 28th, there were no cases in town or harbor.

Calcutta. Nine deaths from *cholera* and twenty-six from *small-pox* for week ended July 6th.

Bombay. Forty-one deaths from *cholera* and six from *small-pox* during week ended July 16th.

Madras. Six deaths from *cholera* during week ended June 28th.

No official reports could be obtained from *Port Gibson, Miss.*, *Greenville, Miss.*, and *Brownsville, Tenn.*, where *yellow fever* is reported to exist.

Reports received from other places indicate good health, including *Blount Spring, Ala.*, and *Cedar Keyes, Fla.*, both erroneously reported through the press as having cases of *yellow fever*.

JOHN M. WOODWORTH,

Surgeon-general U. S. Marine Hospital Service.

ADVANTAGES OF ILL HEALTH.—London Medical Examiner: We should imagine that one of the first generalizations attempted in the youth of the world by the growing mind of man was, that pain and disease were absolute and unmitigated misfortunes. We have no means of knowing who was the bold man who first burst away from this accepted truth and conceived the idea of seeking in suffering "a gain to match." The author of the Book of Job has perhaps as good a claim as any one to this honor, but whoever it was, it may be assumed that the convenient idea was soon taken up by the parsons of the period in their character of general purveyors of consolation. In past times the clerical profession are said to have known more of physiology than they do now, a very obvious possibility, and thus in the first instance the specific influence of ill health upon the mind may have been kept distinct from the influence of misfortune in general. It must, however, soon have lost this distinctive character; at any rate, at the present time we might safely challenge the two Houses of Convocation to foretell the specific mental effects likely to be produced in a given case respectively by a retroflexed uterus, a severe neuralgia, a disappointment in love, or a failure in the city. At the same time it must be confessed that the question has been equally neglected by the doctors, and except for Wendell Holmes's generalization about disease above the diaphragm being associated with hopefulness, and disease below it with despair, we know of no attempts at either observation, experiment, or induction on the subject. Sudden conversions have, indeed, been jocularly attributed to the timely exhibition of a gentle purgative, and other ingenious speculations of a similar kind have been brought out from time to time from behind the screen of anonymity. Further, the subject has been more fully worked out in cases where the mental effect of bodily conditions passes the boundary line of sanity and conveys the patient into the hands of the alienists. But we doctors know little

better than the clergy what special tone of mind is apt to be associated, say, with scrofula or rickets, or to be produced by cancer or consumption. The effects may possibly be so slight that we might have to wait for a mental microphone before they can be sufficiently intensified to effect our sensoria, but the time will doubtless come when many mental eccentricities will lose half their objectionableness and some mental excellences half their charm because we can refer them, with only too great certainty, each to an uncontrollable bodily condition.

When we speak of the advantages of ill health, we are thinking chiefly of those mental excellences which are often, as we hope to show, associated with deviations from health. There may of course be fortuitous advantages. Some people, for instance, actually extract profit from their bodily infirmities; but none of these instances, whether it be Prince Bismarck with his shingles, or a street-beggar with his talipes, come within the scope of the present article. The advantages we speak of are unavoidable, not accidental; they admit, however, of division into two categories, according as they are the result of congenital or of acquired disease. The most generally recognized effect of congenital deficiency in natural vigor is a diminution in what the metaphysicians call objectivity. The cause of this is easily explained. A certain amount of locomotive vigor is necessary for any extended exercise of objective energy; the congenital invalid can not supply this, and his attention becomes of necessity concentrated on the impressions nearest to his hand, those belonging to his own thoughts and feelings. Besides this, the congenital invalid often has his attention forcibly drawn to the phenomena of his own body by pain and suffering. As long as the human machine works smoothly and without effort, it is all but unconscious of its own existence; but as soon as it begins to creak and groan under its task, it is apt to become over-conscious of its work, and to spend its energy in mental introspection. Hence follow two

results. In the first place, the invalid becomes more versed in the mechanism of mental processes than in their external consequences. He differs from healthy men in paying regard rather to the state of feeling produced by a sensation than to the outward expression of that state of feeling. In the second place, it follows from his enforced inactivity that the invalid's stock of inductions is chiefly founded on his subjective experiences, and not, as is the case with other men, on the observation of the acts of others. These two characteristics are almost essential factors in the growth of two excellent qualities in man—sympathy and humor, neither of which, it would seem, can exist in its most subtle form where the whole tone of mind is an objective character. We are far from wishing to trace all sympathy and all humor to a pathological cause, but it appears to us that a condition of ill health often gives to these qualities a character which they would not otherwise possess.

Instances in favor of or in opposition to this view will occur to every one, but the lives of poets and humorists supply us perhaps with the best material for forming an opinion regarding it. What especially strikes us in connection with the poets is that those who have been men of vigorous health have written for the most part objective poems, while the invalids among them have given us verses whose chief distinctive feature is sensibility. The one class deal more with the actual, the other with the ideal. Compare, for instance, the veterans Chaucer and Goethe with the consumptives Keats, Shelley, and Schiller. We are much inclined to regard the well-known "Resignation" of the last-named poet, beautiful as it is, as a purely pathological production. Again, in the case of the humorists, it is a somewhat suggestive fact that Sterne, Lamb, and Hood were all sufferers from congenital maladies. We confine ourselves to mentioning these authors, because both their writings and the circumstances of their lives are familiar to all, but numerous instances may be found among less known men all pointing to the same truth.

It is indeed a popular generalization that poetry goes hand-in-hand with a feeble organization, and we have no doubt that if they had dared people would have applied to the poets a definition very similar to that which they have given to the tailors. Further, it is not only among public men that a generalization as to the effects of ill health has been popularly though unconsciously made. Even in private we often hear it remarked how much illness has improved a certain person. No one can have failed to observe how in certain cases prolonged ill-health has changed a brusque and self-centered woman into a gentle and sympathizing one, and has grafted on a careless, overbearing man the virtues of kindness and consideration for others. If this be so, disease can not be the unmitigated misfortune that the healthy are apt to imagine it. If we consider the whole case it must be confessed that even ill health has its advantages.

"HOT WEATHER DANGERS."—*Lond. Lancet*: It is always a speculative enterprise to comment on topics of the weather even a day or two in advance, and when these lines reach our readers it is quite possible they may be more keenly interested in the perils of cold than of heat. Nevertheless the experience of the last few weeks not only justifies but suggests an urgent remonstrance against the oversight of inattention to the matter of suitable clothing. Although the changes of temperature are very considerable, and would render it inexpedient to incur any great risks of exposure, there can be no question that more mischief is to be feared from excess than deficiency of wrapping. The point to which attention requires to be prominently directed is the need of protecting the body, and especially the head, from the direct rays of the sun. By a strange freak of fashion cricket is played at the season least well suited for the pastime, and by recent untoward occurrences it has been again demonstrated that those who expose themselves without sufficient head-covering dare the gravest of dan-

gers. It is not alone the external heat that does harm; the violent exertion produces a considerable evolution of heat within the organism, which can not be readily dissipated, owing to the temperature of the surrounding atmosphere, and sets up disturbance, easily converted into disease. Much may be done to minimize the peril by the adoption of clothing calculated, as regards material, color, and make, to favor rapid evaporation. Every article of dress worn at this season, whether in the cricket-field or elsewhere, should be loose, constricting bands of all kinds being avoided. Pressure of any description by tightly-fitting articles of clothing should be prevented. The circulation must be unimpeded, the body spared every ounce weight of trappings that can be dispensed with, and while adequate protection is afforded against the heat without, that generated within must be allowed to pass off unrestrictedly in order that the natural temperature of the body in health may be preserved. There are many maxims of prudence in relation to the defence of the body from perils of heat which need to be borne in mind, and they have been repeatedly expounded, but the most imperious requirement at the moment seems to be greater attention to the matter of clothing, which this year, more than in former seasons, is apparently disregarded.

CONVULSIONS IN A CHILD DUE TO THE PRESENCE OF A HAIR IN THE ALIMENTARY CANAL.—*New York Med. Record*: A child under one year of age suffered for several weeks from convulsions, which varied in severity and were frequently repeated. It appeared to be healthy in all other respects. All the usual methods of treatment were employed without success. At last the mother noticed the end of a hair lodged between the two incisors of the child, and on drawing on it removed a hair nearly a yard in length, which had hung down into the throat of the little patient. After the removal of this foreign body the convulsions ceased as if by enchantment.

A PEER'S MANDATE.—Medical Times and Gazette: The Guardians of the Poor for Govan Parish, Glasgow, have for many years been in the habit of boarding their pauper orphan children, who happened to be affected with scrofula, or were otherwise in delicate health, in the island of Arran, which is owned by the Duke of Hamilton. Of late, complaints have been made as to allowing the pauper children to attend the schools; and, as a result of communications on the subject, the Duke has issued a peremptory order that all the pauper children must leave the island. A deputation of the Poor-law Guardians waited upon the Duke's factor and requested that the rule should only apply to children who were diseased or ill-behaved; but the factor said he could not draw the line, all must go; and he even hinted, it is stated, that the order might yet apply to those who were pauper children, but who had grown up and entered into respectable service, and even contracted marriages. The latter proceeding, it was alleged, was deteriorating the population of the island. The people who house the poor children are greatly concerned about the order, but as they hold only yearly leases they have no option but to obey the mandate intimated.

"HOW TO RESTORE THE APPARENTLY DROWNED."—Under this heading, and illustrated by the engravings which have already appeared in the London Lancet of May 25th, Dr. Howard has issued the following instructions for carrying out what he terms the "direct method:"

Instantly (as shown in fig. 1) turn the patient downward, with a large firm roll of clothing under the stomach and chest. Press with your weight two or three times, for four or five seconds each time, upon the patient's back, so that the water is pressed out of the lungs and stomach, and drains freely downward out of the mouth. Then

Quickly turn the patient (as shown in fig. 2) face upward, the roll of clothing put under his back just below the shoulder-

blades, the head hanging back as low as possible. Place the patient's hands together above his head. Kneel with patient's hips between your knees. Fix your elbows against your hips. Now, grasping the lower part of the patient's chest, squeeze the two sides together, pressing gradually forward with all your weight, for about three seconds, until your mouth is nearly over the mouth of the patient; then, with a push, *suddenly* jerk yourself back. Rest about three seconds, then begin again. Repeat these bellows-blowing movements, so that air may be drawn into the lungs, about eight or ten times a minute.

Remember the above directions must be used *on the spot*, the instant the patient is taken from the water. A moment's delay, and success may be hopeless. As soon as the water is pressed from the lungs all clothing should be ripped away from the chest and throat. In making the pressure, either for the removal of water or for breathing, increase it *gradually* and thoroughly, and *suddenly* let go with a jerk. With women and children use less force.

Do not stop these movements under an hour, unless the patient breathes. Be careful not to interrupt the first short natural breaths. If they be long apart, carefully continue between them the bellows-blowing movements as before.

After breathing is regular, keep patient warm with blankets, rubbing with warm hands, etc. Prevent crowding around the patient; plenty of fresh air is all-important. Spirits and water only, in occasional small doses, may now be given; if hot the better. After this encourage quiet and sleep.

A BLOW TO THE GERM THEORY.—London Lancet of August 24th: A strange incident in the history of scientific doctrine is furnished by the last work of Claude Bernard. His latest researches, according to apparently indubitable evidence, led him to the conclusion that the very alphabet of the opinions which have so largely been built up by the labors of Pasteur is erroneous.

OSSIFICATION OF THE ENTIRE MUSCULAR SYSTEM.—London Med. Record: Dr. Nicoladoni showed a girl aged seven, the subject of this rare affection. It had begun to appear during her first year; it first attacked the muscles of the neck, and then passed on to those of the back. He said that in such cases there is evidently a necrosis of the contractile substance, which is pressed as by the diseased product of the perimysium. In the present case there were two hard bands, corresponding to the sacro-lumbalis muscle. The scapula appeared to be immovably fixed to the chest by ossification of its muscles. In the upper part of the biceps flexor cubiti were felt small scattered bony plates, while the tendon appeared to be changed into a hard fibrous cord. The same was the case with the sterno-cleido-mastoid muscle. The semitendinosus and semimembranosus muscles presented hard protrusions. The pectoral muscle was also ossified; the axillæ were bounded both in front and behind by stiff walls, and even the muscular apparatus of the lower jaw was attacked. As a necessary result, the child was extremely helpless, all movements being interfered with.

PHYSICAL EXAMINATION OF WEST-POINT CADETS.—The following is from the Official Register of the U. S. Military Academy:

Every candidate is, soon after his arrival at West Point, subjected to a rigid physical examination by an experienced medical board; and if there is found to exist in him any of the following causes of disqualification to such a degree as would immediately or at no very distant period impair his efficiency, he is rejected:

1. Feeble constitution and muscular tenuity; unsound health from whatever cause; indications of former disease; glandular swellings, or other symptoms of scrofula.
2. Chronic cutaneous affections, especially of the scalp.
3. Severe injuries of the bones of the head; convulsions.
4. Impaired vision from whatever cause; inflammatory affections of the eyelids; im-

mobility or irregularity of the iris; fistula lachrymalis, etc.

5. Deafness; copious discharge from the ears.

6. Loss of many teeth, or the teeth generally unsound.

7. Impediment of speech.

8. Want of due capacity of the chest, and any other indication of a liability to a pulmonary disease.

9. Impaired or inadequate efficiency of one or both of the superior extremities, on account of fractures, especially of the clavicle, contraction of a joint, extenuation, deformity, etc.

10. An unusual excurvature or incurvature of the spine.

11. Hernia.

12. A varicose state of the veins of the scrotum or spermatic cord (when large), sarcocele, hydrocele, hemorrhoids, fistulas.

13. Impaired or inadequate efficiency of one or both of the inferior extremities on account of varicose veins, fractures, malformation (flat feet, etc.), lameness, contraction, unequal length, bunions, overlying or supernumerary toes, etc.

14. Ulcers, or unsound cicatrices of ulcers likely to break out afresh.

CORPOREAL PUNISHMENT FOR CHILDREN.

London Lancet: "Spare the rod and spoil the child" is an aphorism of high authority; but it must not be forgotten that corporeal punishment needs especial care in its administration. Personal castigation should not be administered for small offenses, and, when employed, ought to be so used as to inflict the minimum of injury. It would be well if a rule could be made that no child should be beaten except with a cane, and the blow fall only on a part of the person not likely to be permanently affected. Perhaps we are growing somewhat too sentimental in the matter of discipline, but it is beyond question that "boxes upon the ear" and reckless violence generally are perilous, and, as measures of improvement, futile, while fraught with danger to body and brain.

UNUSUALLY EARLY MENSTRUATION.—Dr. Berry, in *London Lancet*: You will find an interesting case of premature menstruation (age eighteen months), with references to three other cases, in two of which the menses appeared at the age of nine months, in the third at the age of two years, recorded in the second volume of the *Lancet* for 1866, page 11. On page 85 of the same volume is a list of sixteen cases occurring under the age of seven years. In the *Biennial Retrospect of Medicine and Surgery for 1871-2*, published by the New Sydenham Society, two cases are mentioned, one of which seems to have been hereditary (page 372). In *Schroeder's Diseases of the Female Sexual Organs* (Volume X of *Von Ziemssen's Cyclopædia*, page 322) there is a reference to a case of menstruation at the age of one year.

TYPHUS FEVER AND WILL-MAKING.—*London Medical Times and Gazette*: A novel will-case was recently brought before Judge Warren, in Dublin. The testator was lying ill with typhus fever. He sent for two persons whom he intended to name as his executors. They however objected to go into an infected house. A table and chairs were placed outside the window of the sick man's room in such a position that he was enabled to see the persons sitting at the table. As a means of communication between those outside and the fever-stricken man, a boy who had already gone through the typhus ordeal, and is now considered fever-proof, was selected for carrying instructions to the will-maker. The testator executed his will by making his mark, under the observation of the witnesses, who attested the execution in the sight of the testator. This done, he was removed to the hospital, and died. The validity of the will was called in question, on the grounds, *inter alia*, that it was not duly executed. The judgment of the court was that the will was valid, the judge remarking that he saw no reason for requiring executors to expose their lives to needless risk.

CONTAGIOUS PNEUMONIA.—*London Lancet*: Epidemics of pneumonia have been described from time to time, chiefly on the Continent, and an account of recent outbreaks, having almost an epidemic form, which occurred at Moringen, in Hanover, has been given by Dr. Kühn. In this place he has more than once observed pneumonia to have an epidemic character, and on one occasion it broke out in the jail, when over-filled. All other conditions being favorable—position, soil, drainage, ventilation, drinking-water, clothing, and food—the cause of the outbreak appeared to be the impurity of the air of the cells. The individual cases presented the aspect of a well-marked infectious disease, with much prostration, a considerable enlargement of the spleen, albuminuria, and, in two thirds of the cases, diarrhea. It is notable that the disease did not begin, as in ordinary acute pneumonia, with a sudden onset and rigor, but was ushered in by four or eight days of prodromal symptoms. The pyrexia came on usually without an initial rigor, and ran a severe course. The pneumonic consolidation was recognizable usually on the third or fourth day of the fever, was frequently seated in the upper lobes, and exhibited a marked tendency to migrate. Often it was accompanied by inflammation of the serous membranes, pleurisy was almost constant, in one fourth of the cases there was pericarditis, and of forty-five cases well-marked meningitis was present in five. Angina and stomatitis were not infrequent accompaniments. The temperature sometimes attained a height of 107° , and began to remit on the fifth to the seventh day. Post-mortem examination showed fatty degeneration of the heart, acute swelling of the spleen to three times the normal size, and a parenchymatous nephritis. Frequently the intestinal follicles were swollen. The disease was distinctly infectious. The attendants of the institution were affected, and the disease was conveyed by visitors to other persons who did not come near the prison or its inmates. In one epidemic Kühn observed eighty-three, and in

another seventy cases. In each epidemic abortive attacks of the disease were also observed. He urges that this form of pneumonia must be distinguished from the genuine croupous pneumonia, and that its character approximates it to typhoid disease; and he suggests that possibly it may be due to the same poison as typhoid, modified by some unknown conditions—a sport—as Dr. Roberts would put it, of the typhoid germ.

"HOMEOPATHS" AND "HOMEOPATHS."—London Lancet: A statement has been going the round of the papers during the last few days to the effect that Dr. Kidd, the medical attendant on the Earl of Beaconsfield, is a "homeopath," and therefore the happy recovery of the premier from his recent indisposition must be attributed to that system. The statement of facts is faulty, and the inference unfounded. Dr. Kidd is, we believe, a practitioner who repudiates the description attributed to him, and who by no means avowedly pursues the method of Hahnemann in his treatment. It must not be assumed that physicians who do not give large quantities of drugs are "homeopaths," or that they act on the precept *similia similibus curantur*. Much, if not all, the credit the absurd system of "infinitesimal doses" and the unscientific hypothesis of cure by causation have secured, has been accumulated by the success of men who, while calling themselves homeopaths, have practiced precisely as other physicians practice. The charm of novelty has instituted a new claim to credit, and quite average success has been glorified as signal triumphs over disease.

THE SPLEEN.—London Med. Examiner: M. Pouchet, after extended experiments, concludes that the constituents of the blood are not altered after ablation of the spleen. He states that the elements of the blood renew themselves at the expense of themselves, or from elements which are normally laid up for them by the lymphatic system. Malassez and Picard assert that removal of the spleen causes a loss of blood-corpuscles and hæmoglobin.

Selections.

Infantile Uterine Tuberculosis.—Lond. Med. Examiner: We would draw attention to an interesting paper on infantile uterine tuberculosis in a late number of the *Annales de Gynécologie*. It is generally admitted that tuberculosis of the generative organs of the female, before the age of puberty, is an exceptional occurrence. Blachi and Guersant, nevertheless, assert that, without being very frequent, the coincidence of tubercle of the uterus with pulmonary phthisis is far from being so rare in the infant as in the adult. The latter has met with it as often in hospital as in private practice. M. Senn, of Geneva, in his monograph on the alterations of the uterine apparatus before puberty, gives three cases of tubercle of the uterus and ovaries gathered from the clinique of Guersant. In opposition to the foregoing, Rilliet and Barthez state that tubercle is said to have been found in the pancreas, testicle, ovaries, and womb, but they have never observed it in these organs themselves, perhaps because they have not searched for it; at any rate, they assert that the lesion is exceedingly rare. In a young girl they have seen the cavity of the womb filled with semi-soft tubercular matter. Barrier says it is not impossible, but it is rare, to meet with tubercle in any of the generative organs of the young girl. Brouardel has collected some fifty-six cases of this lesion; nine of them occurred under the age of fifteen years. Of these the ages ranged from two months upward. Two cases more may be added, contributed by Hutchinson and Beach. In view of the limited number of cases, the assertion of Guersant does not appear at present warrantable; and it seems right to believe that tuberculosis of the generative organs, rare in the adult female, is still more so in the female infant. Authenticated observations upon this point would be valuable; the existence of caseous masses and advanced tubercular lesions in the parenchyma of the ovaries must be admitted to be an exception. On the other hand, it is not unusual to find, in young girls who die of general tuberculosis, fine, greyish, semi-transparent miliary granulations, the size of a pin's head, disseminated in very small numbers on the pelvi-peritoneal surface, more especially at the level of the ovary or of the anterior or posterior surface of the uterus, and that without the rest of the abdominal serous membrane presenting the least appearance of tubercular granulation. This fact has often been observed in the post-mortems at the Hôpital Sainte-Eugénie. Can this modest seed-plot of miliary tubercle become the focus of graver local accidents? Can it extend to the whole peritoneum of the small pelvis, and be accompanied by an isolated inflammation of that part of the serous membrane? Can it determine, in a

word, a pelvi-tubercular peritonitis similar to ordinary tubercular peritonitis, but remaining limited to the neighborhood of the generative organs? In confirmation of the latter question M. Talamon gives details of a case of a female child, aged six years, who was admitted into hospital, presenting only the symptoms of tubercular meningitis. The autopsy revealed a cyst of purulent fluid surrounding the uterus and appendages, adhesive inflammation, triple enlargement of uterus, its cavity containing a greenish, viscid fluid-like muco pus, and the two ovaries surrounded by thickened caseous exudations. These exudations were apparently indurated and as large as the ovaries of an adult female. On section they were found entirely transformed into yellow caseous matter. The microscope examination showed tubercular degeneration of the surface and interior of the ovaries and the Fallopian tubes. A false membrane covering the pelvic peritoneum was composed of tubercular new growths. Some ten cases are quoted in which the ovaries and Fallopian tubes were respectively involved in five cases, and the uterus in nine cases. The facts stated establish the occurrence of infantile uterine tuberculosis. There are, however, as Prof. Lebert has pointed out, difficulties in making a diagnosis between tubercular deposit and the peculiar yellow concretions met with in the cavity of the uterus and in ulceration of its neck. Brouardel denominates this matter "phymatoïde" and "tubercule en nappe."

Milk as a Vehicle for Quinia.—New Remedies: R. L. Batterbury, M. B., says if one grain of sulphate of quinia be dissolved in an ounce of milk, its bitterness will be hardly perceptible. Even with two grains the bitterness is not marked. Five grains may be taken in two ounces of milk without an unpleasantly bitter taste, while in a tumblerful the bitterness of this quantity is almost lost. Since the doctor chooses to recommend this as a mode of administering quinia to children, we think it proper to say that bad-tasting drugs, like quinia, should be given in articles of food, even in the case of adults, only in exceptional instances. There are other and quite as effectual ways of administering them, and it is therefore hardly advisable to risk the disgust which children often and adults sometimes acquire for wholesome articles of food, in consequence of their having some time been used as vehicles for medicine.

Caron Oil in Anal Fissure.—Carrere states, in *Annales de la Med. de Grand*, that in anal fissure he applies the mixture of lime and water and linseed oil so commonly used in burns. This is done several times daily, and in all cases he has obtained a cure at the farthest of eight days.

Milk and Infectious Disease.—London Med. Examiner: Dr. Davies, the medical officer of health for Bristol, has reported that the outbreak of typhoid fever, which recently occurred in one of the fashionable suburbs of that town, has been entirely traced to the milk supplied from one farm, where a convalescent typhoid-fever patient had been staying for some time. The water in a well on the farm had been ascertained to be contaminated with typhoid-fever germs. The well had been stopped, but there were already eighty cases known to the officials, and the fever existed in forty-three houses, and had extended to districts beyond Bristol. Mr. G. F. Wilson, writing from Weybridge-heath, records another outbreak of infectious disease due to milk contamination, but appearing in this case in the form of diphtheria and diphtheric throat. In between twenty and thirty cases the sufferers had milk from one dairy, and the milkman's boy died. A sanitary inspector came down, visited the dairy, and found that water from a foul well had been used for washing the dairy utensils. These cases point to the urgent necessity of placing all dairies which supply milk to the public under official supervision.

Ununited Fracture of the Tibia Consolidated by Injections of Tincture of Iodine into the Center of the Fracture.—Dr. Guyon, at the Hôpital Necker, after trying unsuccessfully for four months all means in a case of ununited fracture of the tibia, injected tincture of iodine with the happiest results. The fracture united completely six weeks after this treatment was commenced. Three injections were administered.

The Effect of Sleep upon the Secretion of Urine.—London Med. Examiner: It would at first sight appear probable that the secretion of urine would be diminished for a certain period after sleep, several hours having ordinarily elapsed since the ingestion of fluid, and the body therefore containing less than usual of fluid constituents. Some experiments, however, of Quincke have recently proved that whereas a diminished quantity of urine is secreted during sleep, the reverse takes place immediately after waking, and that for some time afterward urine is secreted in a quantity which far exceeds the average of any other similar period. This result was obtained by comparing the hourly average during the night with the average of the first three hours after waking, and that of the entire day. Whether this increase can be accounted for by supposing that the tissues retain during sleep a quantity of fluid which they subsequently give up, or that the diminished activity of the kidneys during sleep is followed by increased activity on waking, is a question which Dr. Quincke declares himself unable to decide.